eb31e3_



Application Serial No. 10/014,741 Attorney Docket No. 23804.CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Miller, et al.

SERIAL NO.:

10/014,741

FILING DATE:

12/10/2001

FOR:

METHOD FOR INCREASING THE

BATTERY LIFE OF AN

ALTERNATING CURRENT

IONTOPHORESIS DEVICE USING

A BARRIER-MODIFYING AGENT

ART UNIT:

3763

EXAMINER:

Williams, C.

DOCKET NO .:

23804.CIP

CERTIFICATE OF DEPOSIT UNDER 37 C.F.R. § 1.8

I hereby certify under 37 CFR § 1.8 that this correspondence is being facsimile transmitted to the USPTO or being deposited with the United States Postal Service with sufficient postage as first class postage in an envelope addressed to Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313 on the date

indicated below,

6/11

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313

Dear Sir:

In response to the Office Action mailed June 30, 2005, please enter this amendment and reconsider application in view of the remarks set forth herein.



CONCLUSION

In view of the foregoing, Applicants believe that pending Claims 21-29, 34-35, 45, and 62-80 present allowable subject matter and allowance thereof is respectfully requested. It is noted that Claims 30-33, 36-44, and 46-61 remain withdrawn, but pending in the present application. The Examiner is invited to cancel such claims by Examiner's amendment in the event that he should allow Claims 21-29, 34-35, 45, and 62-80.

If any impediment to the entry of the present amendment and allowance of the claims in view thereof remains which could be removed during a telephone interview, the Examiner is invited to telephone the undersigned attorney, or in his absence, Mr. Wayne Western of this office, so that such issues may be resolved as expeditiously as possible.

Please charge any additional fees except for Issue Fee or credit any overpayment to Deposit Account No. 20-0100.

Dated this 11th day of August, 2005.

Respectfully submitted,

David W. Osborne
Attorney for Applicants

Reg. No. 44,989

M. Wayne Western Attorney for Applicants Reg. No. 22,788

Of:

Thorpe North & Western, LLP 8180 South 700 East, Suite 200 Sandy, UT 84070

Telephone: (801) 566-6633 Facsimile: (801) 566-0750

MWW/DWO/rb

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E		OR	OTHER SMALL	
TOTAL CLAIMS			61					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			/2 / minus 20=		• 41			X\$ 9=	369	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =					X42=	1/9/	OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=	 -		+280=	
* If	the difference	in column 1 is	ess than ze	zero, enter "0" in column 2					7.00	OR OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Colu	mn_2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 60	Minus	- (1	. —		X\$ 9=		OR	X\$18=	
	Independent	・ ち	Minus	***	<u> </u>	<u> </u>		X42=	200	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•	+140=		OR	+280=	
								TOTAL			YOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEI	: L		AUUII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
	Total	*	Minus	*		=		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	191		<u> </u>		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+140=		OR	+280=	
TOTAL ADDIT. FEE										00	YOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)								ADDII. FEE			ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
	Total	•	Minus	••		3		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		-		X42=		OR	X84=	·
L	FIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		1	+140=	†		+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	$\vdash \vdash \vdash$
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	ine Highest Nun	moer interviously Pa	u ror (lotal o	r incepend	eny is the	rignest numb	ts 10	w 10 m the 8	hhiobusta oo	a ur CO	व्यामा १,	

Application or Docket Number